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Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture	Mary First Name	First Name
	identification (for example, your driver's license or	Jane	
	passport).	Middle Name	Middle Name
	. ,	DiGravio	
	Bring your picture identification to your meeting	Last Name	Last Name
	with the trustee.	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
2.	All other names you		
	have used in the last 8 years	First Name	First Name
	Include your married or maiden names.	Middle Name	Middle Name
	maiden names.	Last Name	Last Name
3.	Only the last 4 digits of		
•-	your Social Security	$xxx - xx - \underline{4} \underline{0} \underline{6} \underline{4}$	xxx - xx
	number or federal Individual Taxpayer	OR	OR
	Identification number	9xx - xx -	9xx - xx -

(ITIN)

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Del	otor 1	Mary First Name	Jane Middle Name	DiGravio Last Name	Case number (if known)		
		About Deb	tor 1:	About Debtor 2 (Sp	About Debtor 2 (Spouse Only in a Joint Case):		
4.	and En		✓ I have	not used any business names or EII	Ns.	d any business names or EINs.	
	(EIN) y	cation Numbers ou have used in	Business nan	ne	Business name		
		t 8 years trade names and	Business nan	ne	Business name		
d	doing b	usiness as names	Business nan	ne	Business name	_	
			=	·			
			<u></u>	·			
5.	Where	you live	LIIV			a different address:	
			2443 S. 9t	h Street	_		
			Number S	treet	Number Street	_	
			Philadelp	hia PA 19148			
			City	State ZIP Code	City	State ZIP Code	
			Philadelp County	hia County	County		
			the one ab	ling address is different from ove, fill it in here. Note that the end any notices to you at this lress.	from yours, fill it in	g address is different here. Note that the court s to you at this mailing	
			Number S	treet	Number Street		
			P.O. Box		P.O. Box		
			City	State ZIP Code	City	State ZIP Code	
6.		ou are choosing	Check one.	:	Check one:		
	bankru	strict to file for ptcy	petitio	he last 180 days before filing this n, I have lived in this district longer n any other district.		80 days before filing this lived in this district longer er district.	
				another reason. Explain. 8 U.S.C. § 1408.)	I have another (See 28 U.S.C.	reason. Explain. § 1408.)	
Р	art 2:	Tell the Court	About Your B	ankruptcy Case			
7.	The ch	apter of the	Check one: (For a brief description of each, see N	Notice Required by 11 U.S	S.C. § 342(b) for Individuals Filing	
	Bankru	ptcy Code you		cy (Form 2010)). Also, go to the top of			
	are cho under	oosing to file	☐ Chapter	7			
			☐ Chapter	11			
			☐ Chapter	12			
			— Chapter	13			

Deb	tor 1 Mary	Jane	DiGravio	Case number	r (if known)				
	First Name	Middle Name	Last Name		\ ' ' / _				
8.	How you will pay the fee	cour pay	I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.						
			ed to pay the fee in installments. If you oviduals to Pay Your Filing Fee in Installmen			and attach the A	application for		
		By la than fee i	I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition.						
9.	Have you filed for	□ No							
	bankruptcy within the last 8 years?	 ✓ Yes.							
		District F	Philadelphia		/ <mark>07/2010</mark> / DD / YYYY	Case number	10-30653-bif		
		District F	Philadelphia		/11/2012 / DD / YYYY	Case number	12-16560AMC		
		District _		When ${MM}$	/ DD / YYYY	Case number			
10.	Are any bankruptcy cases pending or being	☑ No							
	filed by a spouse who is	☐ Yes.							
	not filing this case with you, or by a business	Debtor _			Relationsh	ip to you			
	partner, or by an affiliate?	District _		_ When	/ DD / YYYY	Case number, if known			
		Debtor _			Relationsh	ip to you			
		District _		When ${MM}$	/ DD / YYYY				
11.	Do you rent your residence?	✓ No. ✓ Yes.	Go to line 12. Has your landlord obtained an eviction j residence?	judgment ag	ainst you and	d do you want to	o stay in your		
			No. Go to line 12. Yes. Fill out Initial Statement About and file it with this bankruptcy petit		n Judgment /	Against You (Fo	orm 101A)		

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Deb	tor 1	Mary	Jane		DiGravio	Case number (if kr	nown)		
		First Name	Middle Na		Last Name				
Pa	art 3:	Report About	Any Bus	sines	sses You Own as	a Sole Proprietor			
12.	of any f				Go to Part 4. Name and location of b	usiness			
	busines	oroprietorship is a s you operate as an al, and is not a			Name of business, if any				
	separat	e legal entity such as ration, partnership, or			Number Street				
	sole pro	ave more than one oprietorship, use a			City	Si	tate	ZIP Cod	le
	•	e sheet and attach it petition.			Check the appropriate	box to describe your business:			
		to this petition.			Single Asset Rea Stockbroker (as of	ness (as defined in 11 U.S.C. § 10 I Estate (as defined in 11 U.S.C. § lefined in 11 U.S.C. § 101(53A)) er (as defined in 11 U.S.C. § 101(6) e	101(51B))		
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business		can s most	et ap recer	propriate deadlines. If you balance sheet, staten	the court must know whether you a you indicate that you are a small but thent of operations, cash-flow stater of exist, follow the procedure in 11	usiness deb ment, and fe	otor, you r ederal inc	must attach your come tax return
	debtor	?	 ✓	No.	I am not filing under C	hapter 11.			
		efinition of small		No.	I am filing under Chap the Bankruptcy Code.	ter 11, but I am NOT a small busin	ess debtor a	according	g to the definition in
		C. § 101(51D).		Yes.	I am filing under Chap Bankruptcy Code.	ter 11 and I am a small business d	ebtor accord	ding to th	e definition in the
Pa	art 4:	Report If You (Own or	Have	e Any Hazardous I	Property or Any Property T	hat Need	is Imme	ediate Attention
14.	Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable		ب	No Yes.	What is the hazard?				
	hazard safety? any pro immedi			If immediate attention	is needed, why is it needed?				
	perisha livestoc	mple, do you own ble goods, or k that must be fed, or ng that needs urgent			Where is the property?	Number Street			
	repairs?	?							
						City	St	tate	ZIP Code

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Debtor 1 Mary Jane DiGravio Case number (if known) Last Name

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again. You must check one:

I received a briefing from an approved credit
counseling agency within the 180 days before I
filed this bankruptcy petition, and I received a
certificate of completion.

About Debtor 1:

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing a	bout
credit counseling because of:	

I have a mental illness or a mental deficiency that makes me incapable of realizing or making

rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case): You must check one:

certificate of completion.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I

reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 16-15270-amc Doc 1 Filed 07/26/16 Entered 07/26/16 15:13:26 Desc Main Document Page 6 of 59

Debtor 1		Mary First Name	Jane Middle N	DiGravio Case number (if known)				
Р	art 6:	Answer These	Quest	ions for Reporting F	urpos	ses		
16.	What ki have?	ind of debts do you	16a.		vidual pr b.	sumer debts? Consumer de imarily for a personal, family,		re defined in 11 U.S.C. § 101(8) usehold purpose."
			16b.	•	or invest c.	iness debts? Business deb ment or through the operation		debts that you incurred to obtain e business or investment.
			16c.	. State the type of debts	you owe	e that are not consumer or bu	sines	s debts.
17.	Are you Chapte	u filing under r 7?	V	No. I am not filing und	ler Chap	ter 7. Go to line 18.		
	any exe	estimate that after empt property is		•	•	· ·	-	xempt property is excluded and to distribute to unsecured creditors?
	admini	excluded and administrative expenses		□ No				
	availab	d that funds will be le for distribution ecured creditors?		Yes				
18.		any creditors do timate that you		1-49 50-99 100-199 200-999		1,000-5,000 5,001-10,000 10,001-25,000		25,001-50,000 50,001-100,000 More than 100,000
19.		uch do you te your assets to th?		\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
20.		uch do you te your liabilities to		\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion

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Debtor 1	Mary First Name	Jane Middle Name	DiGravio Last Name	Case number (if known)					
Part 7:	Sign Below	Middle Name	Last Name						
For you		I have exami and correct.	I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.						
		If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.							
		If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).							
		I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.							
		connection w	•	concealing property, or obtaining money or property by fraud in result in fines up to \$250,000, or imprisonment for up to 20 years, and 3571.					
			Jane DiGravio e DiGravio, Debtor 1	XSignature of Debtor 2					
		•	on 07/26/2016 MM / DD / YYYY	Executed on					

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Debtor 1	Mary	Jane	DiGravio	Case number (if know	n)
	First Name	Middle Name	Last Name	<u> </u>	,
For your a represente	ittorney, if you are ed by one	eligibility to p	proceed under Chapter 7, 1	n this petition, declare that I have 1, 12, or 13 of title 11, United Sta which the person is eligible. I also	tes Code, and have explained the
f you are not represented by an attorney, you do not need to file this page.		the debtor(s)	the notice required by 11 l	U.S.C. § 342(b) and, in a case in	•
			ael A. Cibik, Esquire	Date	07/26/2016 MM / DD / YYYY
			A. Cibik, Esquire		
		Printed n. Cibik &	ame Cataldo, P.C.		
		Firm Nam	ne alnut Street, Suite 900		
		Number	Street		
		Philade	lphia	PA PA	19102
		City		State	ZIP Code
		Contact p	phone (215) 735-1060	Email address ccpc@	⊉ccpclaw.com

State

Bar number

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Fill in this info	mation to ide	ntify your case	e and this filing:		
Debtor 1	/lary	Jane	DiGravio		
F	irst Name	Middle Name	Last Name		
Debtor 2 (Spouse, if filing) F	iret Name	Middle Name	Last Name		
(Spouse, ii iiiiig)	iist Name	Middle Name	Lastivanie		
United States Bank	ruptcy Court for th	ne: EASTERN DI	ST. OF PENNSYLVANIA		
Case number _ (if known)				☐ Check	if this is an
(II KIIOWII)				amend	ed filing
Official Form 1					
Schedule A/B	: Property				12/1
Part 1: Desc	on the top of any	additional pages	ving correct information. If more, write your name and case numbers, with your name and case numbers, with your name and case numbers, which will be not	ber (if known). Answer eve	ry question.
☐ No. Go to ☑ Yes. When	Part 2. e is the property?				
.1.			the property?	Do not deduct secured clai	•
443 S. 9th Street treet address, if available			I that apply. le-family home	amount of any secured clair Creditors Who Have Claim	
		Dupl	ex or multi-unit building dominium or cooperative	Current value of the entire property?	Current value of the portion you own?
hiladelphia	PA 1914	<u> </u>	ufactured or mobile home	\$127,205.00	\$127,205.00
Sity	State ZIP Ci	Inves	stment property share	Describe the nature of yo interest (such as fee simple entireties, or a life estate)	ole, tenancy by the
County		_	2443 S 9th St, Philadelphia	Fee Simple	
2443 S 9th St, Phi 3715	ladelphia, PA 1	9148- Who has Check or	an interest in the property? ne.	•	
ResidenceBOA \	Website Value		or 1 only or 2 only	Check if this is comm (see instructions)	unity property
			or 1 and Debtor 2 only	(000 111011 00110110)	
			ast one of the debtors and another		
			formation you wish to add about identification number:	this item, such as local	_
	•	•	l of your entries from Part 1, incl rite that number here	· ,	\$127,205.00
Part 2: Desc	ribe Your Vel	nicles			
			in any vehicles, whether they are, also report it on Schedule G: Exe		
. Cars, vans, true	cks, tractors, spo	ort utility vehicles,	motorcycles		
☑ No					

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Deb	tor 1	Mary First Name	Jane Middle Name	DiGravio Last Name	Case number (if known)	
4.		les: Boats, trailers,			les, other vehicles, and accessories nowmobiles, motorcycle accessories	
5.				for all of your entries from t 2. Write that number he	m Part 2, including any re→	\$0.00
Pa	art 3:	Describe You	ır Personal and	I Household Items	•	
Doy	ou owr	or have any legal	or equitable intere	est in any of the following	items?	Current value of the portion you own? Do not deduct secured claims or exemptions.
6.		nold goods and fur les: Major appliance	-	china, kitchenware		
	□ No			ls and furnishings		\$3,200.00
7.	Electro Examp	les: Televisions and			oment; computers, printers, scanners; ameras, media players, games	
	✓ No ☐ Yes	s. Describe				
8.		•		orints, or other artwork; boo ctions; other collections, m	oks, pictures, or other art objects; emorabilia, collectibles	
	✓ No ☐ Yes	s. Describe				
9.			aphic, exercise, an	d other hobby equipment; bs; musical instruments	picycles, pool tables, golf clubs, skis;	
	✓ No ☐ Yes	s. Describe				
10.	Firearn Examp		hotguns, ammunitio	on, and related equipment		
	✓ No	s. Describe				
11.			es, furs, leather coa	its, designer wear, shoes, a	accessories	
	☐ No ✓ Yes	s. Describe 6.	Wearing apparel			\$1,400.00
12.	Jewelr Examp		ry, costume jewelry	, engagement rings, weddir	ng rings, heirloom jewelry, watches, gems,	
	□ No ✓ Yes	s. Describe 7.	Furs and jewelry	,		\$500.00
13.	Examp	r m animals les: Dogs, cats, bird	ds, horses			
	✓ No	s. Describe				

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Deb	otor 1	Mary First Name	Jane Middle Name	DiGravio Last Name	Case number (if known)	
14.	Any o	ther personal and ot list			cluding any health aids you	
		es. Give specific formation				
15.					entries for pages you have	\$5,100.00
P	art 4:	Describe Yo	our Financial Asse	ets		
Do <u>y</u>	you ow	n or have any leg	al or equitable interes	t in any of the followin	g?	Current value of the portion you own? Do not deduct secured claims or exemptions.
16.		petition	ave in your wallet, in yo	ur home, in a safe depo	sit box, and on hand when you file your	
	☑ Ye				Cash:	··
17.	•	-	uses, and other similar		of deposit; shares in credit unions, e multiple accounts with the same	
	□ No ✓ Ye	o es	. Institution	name:		
	1	7.1. Checking a	ccount: Checkin	g accountSantand	er Bank Account	\$860.00
18.			r publicly traded stock	ks th brokerage firms, mon	ey market accounts	
	✓ No		. Institution or issuer	name:		
19.	•	•	ck and interests in inc artnership, and joint v	•	rporated businesses, including	
	inf	o es. Give specific formation about em	. Name of entity:		% of ownership:	
20.	Gover Negoti	nment and corpor	rate bonds and other include personal checks	· · · · · · · · · · · · · · · · · · ·	•	
	inf	o es. Give specific formation about em	. Issuer name:			
21.		ment or pension a ples: Interests in IF profit-sharing	RA, ERISA, Keogh, 401	(k), 403(b), thrift saving	s accounts, or other pension or	
	سنا	es. List each	Time of access	lootitution no		
	ac	count separately.	Type of account: 401(k) or similar plan	Institution name:		Unknown
			, ,	\ - /		•

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Deb	_	Mary	Jane Middle Name	DiGravio	Case number (if known)						
22.		irst Name deposits and pre	Middle Name	Last Name							
ZZ.	Your sha	re of all unused de	posits you have m	• •	e service or use from a company c, gas, water), telecommunications						
	☑ No										
	_			Institution name or individua							
23.	Annuitie:	s (A contract for a	a specific periodic	payment of money to you, eitr	her for life or for a number of years)						
	<u>-</u>		Issuer name and	description:							
24.			IR A, in an accou n 9A(b), and 529(b)(<i>*</i>		am, or under a qualified state tuition pr	ogram.					
	☑ No		1 22 2			0.504()					
25	Yes										
23.	powers	Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit									
		Give specific nation about them		Fax RefundTax refund to Sec. 522(d)(5)Estimate	o be exemptible to maximum d Refund \$1515	\$1,515.00					
26.				rets, and other intellectual p							
		Give specific nation about them									
27.			other general int	_	oldings, liquor licenses, professional licer	1989					
	✓ No Yes.	Give specific nation about them		oo, oooporanvo abboolanon n	namge, ilquer ilcenses, professional ilcen						
Mor		perty owed to yo				Current value of the portion you own? Do not deduct secured claims or exemptions.					
28.	Tax refu	nds owed to you									
	☑ No										
		Give specific info t them, including v			Federa	al: \$0.00					
		Iready filed the ret			State:	\$0.00					
	and t	he tax years			Local:	\$0.00					
29.	Family s	• •	p sum alimony, sp	ousal support, child support,	maintenance, divorce settlement, propert	ty settlement					
	☑ No										
	☐ Yes.	Give specific info	rmation		Alimony:	\$0.00					
					Maintenance:	\$0.00					
					Support:	\$0.00					
					Divorce settlement	t: \$0.00					
					Property settlemen	nt: \$0.00					
30.	Example		disability insurance	e payments, disability benefits nefits; unpaid loans you made	s, sick pay, vacation pay, workers' e to someone else						
	✓ No ☐ Yes.	Give specific info	rmation								

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Deb			Jane	DiGravio	Case number (if known)	
		First Name	Middle Name	Last Name		
31.		s in insurance policions: Health, disability, o		health savings account (H	ISA); credit, homeowner's, or renter's	insurance
	□ No					
	كا	. Name the insurance				
		pany of each policy	0		Dan effections	0
	and	list its value	' '		Beneficiary:	Surrender or refund value:
				nsurance PolicyNo c		¢0.00
			Value		Brother	\$0.00
32.	If you are		living trust, expe		urance policy, or are currently	
	✓ No ☐ Yes.	. Give specific inform	ation			
33.		•		you have filed a lawsuit	or made a demand for payment to sue	
	✓ No ☐ Yes.	. Describe each claim	l			
34.	Other co					
	✓ No ☐ Yes.	. Describe each claim	l			
35.	Any fina	ancial assets you did	not already list			
		,	,			
	✓ No ☐ Yes.	Give specific inform	ation			
36.			-		entries for pages you have	. → \$2,375.00
Pa	art 5: [Describe Any Bus	siness-Relate	ed Property You Ow	n or Have an Interest In. List	any real estate in Part 1
37.	Do you	own or have any lega	al or equitable i	nterest in any business-r	elated property?	
	لظا	Go to Part 6. Go to line 38.				
						Current value of the
						portion you own? Do not deduct secured claims or exemptions.
38.	Account	ts receivable or com	missions you al	ready earned		
	✓ No ☐ Yes.	Describe				
39.		quipment, furnishing es: Business-related of desks, chairs, elec	computers, softwa		oiers, fax machines, rugs, telephones,	
	✓ No ☐ Yes.	Describe				
40.	Machine	ery, fixtures, equipm	ent, supplies yo	u use in business, and to	ools of your trade	
	✓ No ☐ Yes.	. Describe				

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Deb		Mary First Name	Jane Middle Name	DiGravio Last Name	Case number (if known)	
41.	Inventor		Middle Name	Lastivaine		
	✓ No ☐ Yes.	Describe				
42.	Interests	s in partnershi	ps or joint ventures			
	_		Name of entity:		% of ownership:	
43.	Custom	er lists, mailin	g lists, or other compi	lations		
	✓ No ☐ Yes.	Do your lists No Yes. Des		entifiable information (as	s defined in 11 U.S.C. § 101(41A))?	
44.	Any bus	iness-related	property you did not a	lready list		
	✓ No ☐ Yes.	Give specific	information.			
45.			•	m Part 5, including any e	entries for pages you have	\$0.00
					-	
Pa				nercial Fishing-Rela armland, list it in Part	ted Property You Own or Have and 1.	n Interest In.
46.	Do you	own or have a	ny logal or equitable in	aterest in any farm- or co	mmercial fishing-related property?	
70.	•	Go to Part 7.	ny legal of equitable if	iterest in any farin- or co	minerolal homing-related property:	
		Go to line 47.				
						Current value of the portion you own? Do not deduct secured claims or exemptions.
47.	Farm an Example		oultry, farm-raised fish			
	✓ No ☐ Yes.					
48.	Crops	either growing	or harvested			
	_	Give specific				
49.	Farm an	d fishing equi	pment, implements, m	achinery, fixtures, and to	pols of trade	
	✓ No ☐ Yes.					
50.	Farm an	d fishing supp	olies, chemicals, and fe	eed		
	✓ No ☐ Yes.					
51.	Any farr	n- and comme	rcial fishing-related pr	operty you did not alrea	dy list	
	_	Give specific				
52.				m Part 6, including any e	entries for pages you have	\$0.00

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Deb	otor 1	Mary First Name	Jane Middle Name	DiGravio Last Name	Case nu	umber (if known)					
Pa	art 7:	Describe All	l Property You O	wn or Have an In	nterest in That You [Did Not List Above	е				
53.	•	•	operty of any kind yo kets, country club mer	•	t?						
	✓ No	s. Give specific	information.								
54.	Add th	e dollar value o	of all of your entries	rom Part 7. Write th	at number here			\$0.00			
Pa	Part 8: List the Totals of Each Part of this Form										
55.	Part 1:	Total real estat	te, line 2			→		\$127,205.00			
56.	Part 2:	Total vehicles,	line 5		\$0.00						
57.	Part 3:	Total personal	and household item	s, line 15	\$5,100.00						
58.	Part 4:	Total financial	assets, line 36		\$2,375.00						
59.	Part 5:	Total business	s-related property, lir	ne 45	\$0.00						
60.	Part 6:	Total farm- and	d fishing-related pro	perty, line 52	\$0.00						
61.	Part 7:	Total other pro	pperty not listed, line	54	÷ \$0.00						
62.	Total p	ersonal proper	ty. Add lines 56 thr	ough 61	\$7,475.00	Copy personal property total	+	\$7,475.00			
63.	Total o	of all property o	n Schedule A/B.	add line 55 + line 62			_	\$134,680.00			

Fill in this in		alamtifu varin					
Debtor 1	Mary First Name	Jane Middle Name	DiGravio				
Debtor 2							
(Spouse, if filing)		Middle Name	Last Name N DIST. OF PENNS	YI V	/ΔΝΙΔ	_	
	inkruptcy Court ic	or the. LASTEN	N DIST. OF FERING) I L V	ANIA	Check if this is an amended filing	
Case number (if known)						aoaoag	
Official Form	106C						
Schedule C	: The Prop	erty You Cl	aim as Exemp	ot		04/16	
Using the property space is needed, f write your name ar	you listed on Sc ill out and attach nd case number (hedule A/B: Prop to this page as m if known).	erty (Official Form 100 nany copies of Part 2	6A/B) 2: Ad	as your source, list th ditional Page as nece	esponsible for supplying correct information. e property that you claim as exempt. If more essary. On the top of any additional pages,	
is to state a speci exempted up to the receive certain be exemption of 100 property is deterr	ific dollar amour ne amount of any enefits, and tax-e % of fair market nined to exceed	nt as exempt. Al y applicable state exempt retirement value under a la that amount, yo	ternatively, you may utory limit. Some ex nt fundsmay be unl w that limits the exe ur exemption would	claii cemp imite mpti	m the full fair market stionssuch as those ed in dollar amount. I	you claim. One way of doing so value of the property being for health aids, rights to dowever, if you claim an lar amount and the value of the le statutory amount.	
Part 1: Ide	entify the Pro	perty You Cla	im as Exempt				
1. Which set of	exemptions are	you claiming?	Check one only,	even	if your spouse is filing	with you.	
	•		kruptcy exemptions. J.S.C. § 522(b)(2)	11 U	.S.C. § 522(b)(3)		
	-			nnt i	ill in the information	holow	
				-	fill in the information		
Brief description Schedule A/B tha			Current value of the portion you own	Amount of the exemption you claim		Specific laws that allow exemption	
			Copy the value from Schedule A/B		eck only one box for h exemption		
Brief description:			\$127,205.00	$\overline{\mathbf{Q}}$	\$0.00	11 U.S.C. § 522(d)(1)	
2443 S 9th St, P ResidenceBO Line from Schedul	A Website Valu		, , , , , ,		100% of fair market value, up to any applicable statutory limit		
Brief description:			\$3,200.00	V	\$3,200.00	11 U.S.C. § 522(d)(3)	
4. Household g Line from Schedul		ishings			100% of fair market value, up to any applicable statutory limit		
(Subject to ac	djustment on 4/01	/19 and every 3 y		ses fi	led on or after the date ,215 days before you f		

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Debtor 1	Mary First Name	Jane Middle Name	DiGravio Last Name	Case number (if known)				
Part 2:								
	cription of the pro	operty and line on s property	Current value of the portion you own	Amount of the exemption you claim		Specific laws that allow exemption		
		Copy the value from Schedule A/B		eck only one box for h exemption				
	cription: ing apparel Schedule A/B:	11	\$1,400.00		\$1,400.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)		
	cription: and jewelry Schedule A/B:	12	\$500.00		\$500.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(4)		
Brief desc 403(b) Line from	cription: Schedule A/B:	21	Unknown		\$0.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(10)(E)		
exemptil Sec. 522	I IRS Tax Refun	ndTax refund to be n allowed under ed Refund \$1515 25	\$1,515.00		\$1,515.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)		
	•	licyNo cash Value 31	\$0.00		\$0.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(7)		

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Fill in this info	ormation to id	entify your case						
Debtor 1	Mary	Jane	DiGravio					
	First Name	Middle Name	Last Name					
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name					
United States Bar	nkruptcy Court for	the: EASTERN DI S	ST. OF PENNSYLVA	NIA				
Case number					☐ Check if this is	s an		
(if known)					amended filing			
Official Form	106D							
		Vho Have Cla	aims Secured b	v Property		12/15		
			ed people are filing to					
correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known). Do any creditors have claims secured by your property? No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below.								
Part 1: Lis	t All Secured (Claims						
claim, list the creditor has a	creditor separately particular claim, lis ible, list the claims	editor has more than for each claim. If m st the other creditors in alphabetical orde	Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any			
2.1		Describe the	e property that	\$5,406.00	\$127,205.00			
Chase Bank US	A	secures the	Ciaiii.			-		
Creditor's name c/o Creditors Ba	ınkruptcy Servi	ce						
Number Street PO Box 740933								
Dallas,TX 7537		As of the da	te you file, the claim is	: Check all that apply.				
<u>Dunao, i X i co i</u>		Continge						
City	State ZIP Code	Unliquid						
Who owes the deb	ot? Check one.		en. Check all that apply	<i>'</i> .				
Debtor 1 only Debtor 2 only		_	ement you made (such a		car loan)			
Debtor 2 only Debtor 1 and D	Debtor 2 only	_	/ lien (such as tax lien, r	nechanic's lien)				
—	the debtors and ar	othor —	nt lien from a lawsuit cluding a right to offset)	1				
Check if this c		Judgm						
Date debt was inc	urred	Last 4 digits	of account number	4 7 1 9				
Avoid Lien								

Add the dollar value of your entries in Column A on this page. Write that number here:

\$5,406.00

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Debtor 1	Mary	Jane		Gravio		Case number (if known)		
	First Name	Middle Nan	ne La	st Name					
Part 1:	Additional Pa After listing any sequentially from	entries on t	this page, number them ous page.		Am Do	dumn A nount of claim not deduct the ue of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any	
2.2			Describe the secures the o	property that		\$21,000.00	\$127,205.00		
Creditor's name PO Box 790014 MS 314 Number Street			2443 S 9th St, Philadelphia, PA 19148-3715						
St Louis MO 63179-0014 City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt			As of the date you file, the claim is: Check all that apply. ☐ Contingent ☐ Unliquidated ☐ Disputed Nature of lien. Check all that apply. ☐ An agreement you made (such as mortgage or secured car loan) ☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit ☑ Other (including a right to offset) 2nd Mortgage						
Date debt w	as incurred		Last 4 digits	of account number	_2_	0 8 6			
2.3 Seterus Inc Creditor's nam 14523 Sw			secures the o	St, Philadelphia,		\$142,000.00	\$127,205.00	\$14,795.00	
Beaverton OR 97005 City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt		As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset)							
Date debt w	as incurred		Last 4 digits	of account number	_7_	6 7 6			

Add the dollar value of your entries in Column A on this page. Write that number here:

\$163,000.00

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Debtor 1	Mary	Jane	DiGravio	Case number (if known)				
	First Name	Middle Na	me Last Name					
Part 1:	_	•	this page, number them ous page.	Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any		
2.4			Describe the property that secures the claim:	\$22,000.00	\$127,205.00			
Seterus Inc Creditor's name 14523 Sw Millikan Way St Number Street			- 2443 S 9th St, Philadelphia, PA 19148-3715					
Beaverton OR 97005 City State ZIP Code			As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed					
Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt			Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit					
Date debt v	was incurred \	/arious	Last 4 digits of account number	7 6 7 6				

Add the dollar value of your entries in Column A on this page. Write that number here:

If this is the last page of your form, add the dollar value totals from

\$190,406.00

\$22,000.00

all pages. Write that number here:

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= ::::::::::::::::::::::::::::::::::::				1		
Fill in this inf	ormation to ic	lentify your c	ase:			
Debtor 1	Mary First Name	Jane Middle Name	DiGravio Last Name			
	i iist ivaine	Wildlie Name	Lastivanie			
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name			
(Opouse, ii iiiiig)	riistivame	Wildale Warrie	Edst Name			
United States Ba	nkruptcy Court for	the: EASTERN	DIST. OF PENNSYLVANIA			
Case number (if known)					Check if this is a amended filing	an
Official Form	106E/F					
Schedule E/	/F: Creditor	s Who Hav	e Unsecured Claims			12/15
Do not include an If more space is n to this page. On t	y creditors with placeded, copy the the top of any add	partially secured Part you need, f ditional pages, w	and on Schedule G: Executory Co I claims that are listed in Schedule ill it out, number the entries in the vrite your name and case number (secured Claims	D: Creditors Who Hoboxes on the left. At	old Claims Secur	ed by Property.
	tors have priority					
No. Go t		unsecureu cian	iis agailist you!			
Yes.	to Fait 2.					
claim. For ea show both prid more space is	ch claim listed, ide ority and nonpriori	entify what type o ty amounts. As n ty unsecured clain	creditor has more than one priority under the folding it is. If a claim has both prior nuch as possible, list the claims in alms, fill out the Continuation Page of	ity and nonpriority among the phabetical order acco	ounts, list that clair	m here and or's name. If
(For an explar	nation of each type	e of claim, see the	e instructions for this form in the inst	ruction booklet.		
				Total claim	Priority amount	Nonpriority amount
2.1				\$2,000.00	\$2,000.00	\$0.00
ــــــــ Commonwealth	of PA-Dept. of	Revenue				40.00
Priority Creditor's Nam	ne		Last 4 digits of account number			
Bureau of Comp Number Street	Dilance		When was the debt incurred?			
Dept. 280946			As of the date you file, the claim	is: Check all that app	ly.	
			Contingent			
Harrisburg	PA	17128-0946	☐ Unliquidated Disputed			
City		ZIP Code	— .			
Who incurred the Debtor 1 only	debt? Check o	ne.	Type of PRIORITY unsecured cla	iim:		
Debtor 2 only			☐ Domestic support obligations ☐ Taxes and certain other debts	you owe the governme	ent	
Debtor 1 and D	,		Claims for death or personal in	, ,		
<u> </u>	the debtors and a		intoxicated			
—	claim is for a com	imunity debt	Other. Specify			
Is the claim subje	CL TO OHSEL!					
Yes						

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Debtor 1		Jane	DiGravio	Case number (if known)	
	First Name	Middle Name	Last Name		
Part 2	List All of	Your NONPRIORIT	Y Unsecured Claim	s	
3. Do	-	nonpriority unsecured	• •		
	No. You have not Yes	hing to report in this part	. Submit this form to the	court with you other schedules.	
If a	creditor has more the of claim it is. Do n	nan one nonpriority unse not list claims already inc	cured claim, list the credi luded in Part 1. If more t	er of the creditor who holds each claim. tor separately for each claim. For each claim liste han one creditor holds a particular claim, list the o the Continuation Page of Part 2.	•
					Total claim
4.1					\$173.67
Americ	an Infosource Lp	As Agent for	_ Last 4 digits of accou	ınt number	
	y Creditor's Name le/T-Mobile USA I	Inc	When was the debt in	curred?	
Number	Street		As of the date you file	e, the claim is: Check all that apply.	
РО ВО	X 248848		Contingent ☐ Unliquidated		
			Disputed		
		OK 73124	' _		
City Who inc		State ZIP Code Check one.	Type of NONPRIORIT	Y unsecured claim:	
	tor 1 only	Official official	Student loans		
ш .	tor 2 only			gout of a separation agreement or divorce port as priority claims	
	tor 1 and Debtor 2 o	•	•	or profit-sharing plans, and other similar debts	
☐ At le	east one of the debto	ors and another	Other. Specify	31,	
☐ Che	ck if this claim is fo	or a community debt	Collection Ager	ncy	
	aim subject to offs	et?			
✓ No ☐ Yes					
4.2					\$402.06
		as agent for WFCB	_ Last 4 digits of accou	ınt number	
	y Creditor's Name gnee of Hsn		When was the debt in	curred?	
Number	Street			e, the claim is: Check all that apply.	
PO BO	X 248872		_ Contingent		
			Unliquidated Disputed		
	ma City	OK 73124			
City		State ZIP Code	Type of NONPRIORIT	Y unsecured claim:	
	curred the debt? tor 1 only	Check one.	Student loans		
ш	tor 2 only		·	g out of a separation agreement or divorce	
_	tor 1 and Debtor 2 o	nly		port as priority claims or profit-sharing plans, and other similar debts	
At le	east one of the debto	ors and another	Other. Specify	or profit straining plans, and other similar debts	
☐ Che	ck if this claim is fo	or a community debt	Collection Ager	ncy	
Is the cl	aim subject to offs	et?	J	-	
☑ No					
Yes					

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Debtor 1	Mary	Jane	DiGravio	Case number (if known)						
	First Name	Middle Name	Last Name							
Part 2:	Your NO	NPRIORITY Unsecu	red Claims Contir	uation Page						
After lietin	an any antrias a	n this mans mumber the	m accurantially from the							
previous p		n this page, number the	m sequentially from the		Total claim					
previous p	Jaye.									
4.3					\$4,614.00					
Aspire			Last 4 digits of accou	int number 8 0 2 7						
Nonpriority C	Creditor's Name		When was the debt in	When was the debt incurred? 08/2006						
Po Box 1										
Number	Street			e, the claim is: Check all that apply.						
			Disputed							
Atlanta		GA 30348	Disputed							
City		State ZIP Code	Type of NONPRIORIT	Y unsecured claim:						
	red the debt?	Check one.	☐ Student loans							
	r 1 only		Obligations arising	out of a separation agreement or divorce						
ш .	r 2 only		that you did not re							
二	r 1 and Debtor 2	•	☐ Debts to pension of	or profit-sharing plans, and other similar deb	ts					
☐ At leas	st one of the debi	tors and another	Other. Specify							
☐ Check	cif this claim is	for a community debt	Credit Card							
Is the clain	m subject to off	set?								
☑ No										
Yes										
4.4					\$2,265.00					
Barclays	Bank Delawa	re	Last 4 digits of accou	nt number 9 2 8 3						
	Creditor's Name		When was the debt in	curred? 09/2013						
PO Box 8	3801 Street		_ As of the date you file	e, the claim is: Check all that apply.						
Number	Street		•	s, the claim is. Oneon all that apply.						
			☐ Contingent ☐ Unliquidated							
			− ☐ Disputed							
Wilmingt	on	DE 19899	_ '							
City	141 1140	State ZIP Code	Type of NONPRIORIT	Y unsecured claim:						
	rred the debt?	Check one.	☐ Student loans							
브 5	r 1 only		Obligations arising	out of a separation agreement or divorce						
느 ~	r 2 only	anh.	that you did not re	port as priority claims						
ш.	r 1 and Debtor 2 st one of the debt	•	☐ Debts to pension of	or profit-sharing plans, and other similar deb	ts					
느										
_		for a community debt	Credit Card							
	m subject to off	set?								
☑ No										
☐ Yes										

Account Closed By Grantor

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Debtor 1	Mary	Jane	DiGravio	Case number (if known)	
	First Name	Middle Name	Last Name		
Part 2:	Your NO	NPRIORITY Unsecur	ed Claims Co	ontinuation Page	
After listing	•	on this page, number then	n sequentially fror	n the	Total claim
4.5	p9				\$2,888.13
c/o Reco	very Manage	ment Systems Corpora	1 Last 4 digits of a	account number	
	Creditor's Name	ito 1120	- When was the d	ebt incurred?	
Number	Street	ite 1120	As of the date ye	ou file, the claim is: Check all that apply.	
			Contingent Unliquidated		
Miami		FL 33131	Disputed		
City		State ZIP Code	Type of NONPR	ORITY unsecured claim:	
	rred the debt?	Check one.	Student loan		
브 ~	or 1 only or 2 only		–	rising out of a separation agreement or divorce	
_	r 1 and Debtor 2	2 only	•	not report as priority claims	
	st one of the de	btors and another	Other. Spec	sion or profit-sharing plans, and other similar debts fv	
☐ Checl	k if this claim is	s for a community debt	Collection	· ·	
Is the clai	im subject to o	ffset?			
☑ No					
Yes					
4.6					\$1,820.00
Capital C	One		Last 4 digits of a	account number 1 4 4 7	
' - '	Creditor's Name		When was the d	ebt incurred? 03/2013	
PO Box 3	Street		As of the date ye	ou file, the claim is: Check all that apply.	
			Contingent		
			Unliquidated		
Salt Lake	e City	UT 84130	Disputed		
City Who incu	rred the debt?	State ZIP Code Check one.	Type of NONPR	ORITY unsecured claim:	
	r 1 only	Officer offic.	Student loan		
Debto	r 2 only			rising out of a separation agreement or divorce not report as priority claims	
	r 1 and Debtor 2	•	•	sion or profit-sharing plans, and other similar debts	
ш		btors and another	Other. Spec		
		s for a community debt	Credit Card		
✓ No	im subject to o	iiset?			
Yes					
4.7					
4.7	_				\$1,068.00
Nonpriority (One Creditor's Name		Last 4 digits of a		
PO Box	30285		When was the d		
Number	Street			ou file, the claim is: Check all that apply.	
			Contingent ☐ Unliquidated		
Colt Loke	o City	UT 04120	Disputed		
Salt Lake City	e City	UT 84130 State ZIP Code	Type of NONPR	ORITY unsecured claim:	
	rred the debt?	Check one.	Student loan		
	or 1 only		Obligations a	rising out of a separation agreement or divorce	
_	or 2 only or 1 and Debtor 2	2 only		not report as priority claims	
		btors and another	= ~ ~	sion or profit-sharing plans, and other similar debts	
☐ Checl	k if this claim is	s for a community debt	Credit Card		
_	im subject to o	ffset?			
☑ No					
☐ Yes					

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Debtor 1	Mary First Name	Jane Middle Name	DiGravio Last Name	Case number (if known)	
	- I II OCT TAIN O	Madio Namo	Lastitanio		
Part 2:	Your NO	NPRIORITY Unsecu	red Claims Contir	nuation Page	
		n this page, number the	em sequentially from the		Total claim
previous	page.				
4.8 Chase			Last 4 digits of accou	int number 8 0 0 6	\$3,402.00
Nonpriority (Creditor's Name		When was the debt in		
Po Box 1 Number	Street		As of the date you file	e, the claim is: Check all that apply.	
			Contingent Unliquidated		
		DE 40050	Disputed		
Wilmingt City	on	DE 19850 State ZIP Code	Type of NONPRIORIT	TY unsecured claim:	
	rred the debt?	Check one.	Student loans	T uniossaroa olanini	
	r 1 only r 2 only			g out of a separation agreement or divorce	
Debto	r 1 and Debtor 2	•	•	port as priority claims or profit-sharing plans, and other similar debts	
_	st one of the debt	for a community debt	Other. Specify		
_	m subject to off:	•	Credit Card		
☑ No					
Yes					
4.9					\$357.00
Credit O			Last 4 digits of accou	unt number <u>9</u> <u>3</u> <u>7</u> <u>0</u>	
PO Box 9	Preditor's Name		When was the debt in	<u> </u>	
Number	Street		As of the date you file Contingent	e, the claim is: Check all that apply.	
			Unliquidated		
Las Vega	as	NV 89193	Disputed		
City Who inclu	rred the debt?	State ZIP Code Check one.	Type of NONPRIORIT	TY unsecured claim:	
	r 1 only	Official office.	Student loans Obligations arising	g out of a separation agreement or divorce	
=	r 2 only r 1 and Debtor 2	only		port as priority claims	
ш	st one of the debt	•		or profit-sharing plans, and other similar debts	
_ Check	c if this claim is	for a community debt	Credit Card		
	m subject to off	set?			
✓ No ☐ Yes					
4.10					
	othaker, Esq.		Last 4 digits of accou	int number 4 7 1 0	\$0.00
Nonpriority (Creditor's Name		When was the debt in		
Number	Street		As of the date you file	e, the claim is: Check all that apply.	
Suite C-3	306		Contingent		
			Unliquidated Disputed		
Mount La	aurel	NJ 08054 State ZIP Code	Type of NONPRIORIT	TY unsecured claim:	
Who incu	rred the debt?	Check one.	Student loans		
	r 1 only r 2 only			g out of a separation agreement or divorce	
Debto	r 1 and Debtor 2			port as priority claims or profit-sharing plans, and other similar debts	
	st one of the debt	for a community debt	Other. Specify		
	m subject to off		Chase Bank		
✓ No					
☐ Yes					

Debtor 1	Mary	Jane	DiGravio	Case number (if known)				
	First Name	Middle Name	Last Name	· · · · · · · · · · · · · · · · · · ·				
Part 2:	Your NON	IPRIORITY Unsecu	red Claims Contin	uation Page				
		n this page, number the	m sequentially from the		Total claim			
previous	page.				i Otai Ciaiiii			
4.11					\$000 AC			
			Land A. Hallander of account		\$882.46			
	Creditor's Name	oration, assignee	_ Last 4 digits of accou	int number				
	nk (South Dako	ota). N.A	When was the debt in	curred?				
Number	Street		As of the date you file	e, the claim is: Check all that apply.				
POB 292	62		_ Contingent					
			Unliquidated					
Now Vor	le.	NV 40007	─ Disputed					
New York	K	NY 10087 State ZIP Code		V 1 -1-1				
	rred the debt?	Check one.	Type of NONPRIORIT	Y unsecured claim:				
	r 1 only	Chican chica	Student loans					
ш	r 2 only			out of a separation agreement or divorce				
	r 1 and Debtor 2 o	only	•	port as priority claims				
At leas	st one of the debt	ors and another		or profit-sharing plans, and other similar debts				
—	c if this claim is f	or a community debt	✓ Other. Specify Collection Agency					
_		•	Collection Ager	icy				
	m subject to offs	oet :						
✓ No ☐ Yes								
4.12					\$573.00			
ب			Last A dinita of accou		\$575.00			
	mier Bank Creditor's Name		_ Last 4 digits of accou	_ — — —				
	nneaplois Ave		When was the debt in	curred? <u>07/2012</u>				
Number	Street		As of the date you file	e, the claim is: Check all that apply.				
			_ Contingent					
			Unliquidated					
Dious FD)alle	SD 57104	Disputed					
City	valis	State ZIP Code	— Turne of NONDRIORIT	V unaccured alaim.				
•	rred the debt?	Check one.	Type of NONPRIORIT	r unsecured claim:				
☐ Debtor	r 1 only		Student loans					
Debto	r 2 only			out of a separation agreement or divorce				
	r 1 and Debtor 2 of	only	•	port as priority claims				
	st one of the debt	ors and another		or profit-sharing plans, and other similar debts				
☐ Check	c if this claim is f	or a community debt	Credit Card					
_	m subject to offs		Greuit Garu					
	iii subject to ons) C (:						
✓ No ☐ Yes								
_	la Danlana (01-40						
	In Bankruptcy IT TRANSFERF							

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Debtor 1	Mary	Jane	DiGravio	Case number (if known)	
	First Name	Middle Name	Last Name		
Part 2:	Your NO	NPRIORITY Unsecu	red Claims Contin	uation Page	
After listing	ng any entries	on this page, number the	em sequentially from the		Total claim
previous	page.				i Otal Claiili
4.13					¢504.00
					\$501.00
	emier Bank		Last 4 digits of accou	int number <u>7 9 2 1</u>	
:	Creditor's Name Inneaplois Av	e.	When was the debt in	curred? <u>08/2013</u>	
Number	Street		As of the date you file	e, the claim is: Check all that apply.	
			_ Contingent		
			Unliquidated		
Dious F) alla	SD 57104	Disputed		
City	Jalis	State ZIP Code	Turns of NONDRIODIT	'V unaccured eleim.	
•	rred the debt?	Check one.	Type of NONPRIORIT	r unsecured claim:	
☐ Debto	or 1 only		Student loans	out of a congration agreement or diverse	
Debto	or 2 only		_	out of a separation agreement or divorce port as priority claims	
Debto	or 1 and Debtor 2	2 only	*	or profit-sharing plans, and other similar debts	
☐ At lea	st one of the del	btors and another	Other. Specify	r promonanny plane, and other chimal doore	
☐ Chec	k if this claim is	for a community debt	Credit Card		
Is the clai	im subject to of	fset?			
☑ No	•				
Yes					
Charge (Off for \$501 o	n 05/16			
U	Closed By G				
	•				
4.14					\$780.00
Great Pla	aines Finance	•	Last 4 digits of accou	ınt number	
	Creditor's Name		— When was the debt ir	curred? 2016	
PO Box :	569 Street		As of the date you file	e, the claim is: Check all that apply.	
Number	Street		_ Contingent	s, the claim is. Oneok all that apply.	
			Unliquidated		
			— ☐ Disputed		
Hays		MT 59527	_ 🗀 '		
City	۵۲ماملم مماد لممس	State ZIP Code	Type of NONPRIORIT	Y unsecured claim:	
	rred the debt? or 1 only	Check one.	Student loans		
ш	or 2 only			out of a separation agreement or divorce	
□ ¬	or 1 and Debtor 2	2 only	•	port as priority claims	
ш		btors and another		or profit-sharing plans, and other similar debts	
ш			Other. Specify		
_		for a community debt	Loan		
	im subject to of	rtset?			
☑ No					
☐ Yes					

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Debtor 1	Mary First Name	Jane Middle Name	DiGravio Last Name	Case number (if known)	
Part 2:	Your NO	NPRIORITY Unsec	ured Claims Contin	uation Page	
After listing	any entries o	on this page, number th	nem sequentially from the		
previous pa		, a page,	, , , , , , , , , , , , , , , , , , , ,		Total claim
4.15					\$600.00
Harvest M	oon		Last 4 digits of accoun	nt number 4 7 3 3	4000.00
Nonpriority Cre	editor's Name		When was the debt in		
8 Crestwo	od Road Street			, the claim is: Check all that apply.	
Number (Street		Contingent	, and drain for one on an anat apply.	
			Unliquidated		
Boulevard		CA 91905	Disputed		
City	l	State ZIP Code	Type of NONPRIORIT	V unsecured claim:	
,	ed the debt?	Check one.	Student loans	i unsecureu ciaim.	
☐ Debtor ′	•			out of a separation agreement or divorce	
Debtor 2	•			ort as priority claims	
= *******	1 and Debtor 2	only otors and another	Debts to pension o	r profit-sharing plans, and other similar debts	
<u> </u>			Other. Specify		
ш		for a community debt	Loan		
	subject to of	rset?			
✓ No ☐ Yes					
4.16					\$4,614.56
Jefferson	Capital Syst	ems LLC	Last 4 digits of accoun	nt number	
Nonpriority Cre	editor's Name		When was the debt in	curred?	
PO BOX 79	999 Street		As of the date you file	, the claim is: Check all that apply.	
Number	Sireet		Contingent	, the oldin io. Oncon an that apply.	
-			Unliquidated		
Coint Clau	. al	MN EGOOD	Disputed		
Saint Clou	iu	MN 56302 State ZIP Code	Type of NONDRIORITY	V uncoured claims	
•	ed the debt?	Check one.	Type of NONPRIORIT	i unsecureu ciaim.	
☐ Debtor ′	1 only			out of a separation agreement or divorce	
Debtor 2	•			ort as priority claims	
= ,,,,,,,,	1 and Debtor 2	only otors and another		r profit-sharing plans, and other similar debts	
ш			Other. Specify		
_		for a community debt	Collection Agen	су	
	subject to of	rset?			
✓ No ☐ Yes					

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Debtor 1	Mary	Jane	DiGravio	Case number (if known)	
	First Name	Middle Name	Last Name	· , <u> </u>	
Part 2:	Your NON	PRIORITY Unsecu	red Claims Continu	uation Page	
	• •	this page, number the	em sequentially from the		Total claim
previous	page.				
4.17					\$740.00
Mabt/coi	ntfin		Last 4 digits of accour	nt number 1 9 5 8	
	Creditor's Name		When was the debt inc		
	tinental Dr Ste 1				
Number	Street		<u> </u>	, the claim is: Check all that apply.	
			Unliquidated Disputed		
Newark		DE 19713			
City		State ZIP Code	Type of NONPRIORITY	/ unsecured claim:	
		Check one.	☐ Student loans		
	or 1 only or 2 only		Obligations arising	out of a separation agreement or divorce	
	or 1 and Debtor 2 o	nly	, ,	ort as priority claims	
ш.	st one of the debto	•		profit-sharing plans, and other similar debts	
ш		or a community debt	Other. Specify		
ш		-	Credit Card		
	im subject to offs	et?			
브					
ш	Off for \$740 on (DE 14 C			
_	Off for \$740 on (
Account	Closed By Gra	IIIOI			
4.18					\$2,601.81
Main Str	eet Acquisition	Corn	Last 4 digits of accour	nt number	Ψ2,001.01
	Creditor's Name	ООГР	When was the debt inc		
	n3 Group LLC				
Number PO BOX	Street		· · · · · · · · · · · · · · · · · · ·	, the claim is: Check all that apply.	
FO BOX	700		Contingent Unliquidated		
			UnliquidatedDisputed		
Kirkland		WA 98083			
City		State ZIP Code	Type of NONPRIORITY	/ unsecured claim:	
		Check one.	☐ Student loans		
ш	or 1 only		Obligations arising	out of a separation agreement or divorce	
	or 2 only or 1 and Debtor 2 o	nly	that you did not rep	ort as priority claims	
	st one of the debto	•	·	profit-sharing plans, and other similar debts	
_					
_		or a community debt	Collection Agend	су	
	im subject to offs	et?			
☑ No					
☐ Yes					

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Debtor 1	Mary First Name	Jane Middle Name	DiGravio Last Name	Case number (if known)				
	riist Name	Middle Name	Lastivame					
Part 2:	Your NO	NPRIORITY Unsecu	red Claims Conti	nuation Page				
After listin	ng anv entries o	on this page, number the	m sequentially from the	1				
previous	•	p. g.,	,		Total claim			
4.19					\$459.00			
Mid Ame	rica Bank & T	-ru	Last 4 digits of acco	unt number 7 6 2 4				
	Creditor's Name		When was the debt i					
Number	roadband L Street		As of the date you file	e, the claim is: Check all that apply.				
			_ Contingent					
			Unliquidated					
Sioux Fa	lls	SD 57109	Disputed					
City		State ZIP Code	Type of NONPRIORI	TY unsecured claim:				
	rred the debt? r 1 only	Check one.	Student loans					
_	r 2 only		— , * ,, ,	g out of a separation agreement or divorce				
	r 1 and Debtor 2	2 only	•	eport as priority claims or profit-sharing plans, and other similar debts				
At leas	st one of the del	otors and another	Other. Specify	31,				
☐ Check	cif this claim is	for a community debt	Credit Card					
— Ni-	m subject to of	fset?						
✓ No ☐ Yes								
Account	Closed							
4.20					* 400.00			
	ries Benk 9 T	-	Last 4 digits of soos	unt number 6 7 4 7	\$423.00			
	rica Bank & T Creditor's Name	ru	_ Last 4 digits of acco When was the debt i					
	roadband L							
Number	Street			le, the claim is: Check all that apply.				
Sioux Eo	llo.	SD 57100	Disputed					
Sioux Fa	115	SD 57109 State ZIP Code	Type of NONPRIORI	TY unsecured claim:				
	rred the debt?	Check one.	Student loans	. r unoccurou ciumn				
= 5	r 1 only			g out of a separation agreement or divorce				
	r 2 only r 1 and Debtor 2	2 only	*	eport as priority claims				
ш		otors and another		or profit-sharing plans, and other similar debts				
–	c if this claim is	for a community debt						
_	m subject to of	•	Sit • 61 6					
√ No	-							
Yes								
_	Off for \$423 or							
Account	Closed By Gr	rantor						

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Debtor 1	Mary	Jane	DiGravio Case number (if known)	
	First Name	Middle Name	Last Name	
Part 2:	Your NC	NPRIORITY Unsecure	d Claims Continuation Page	
After listin	•	on this page, number them	sequentially from the	Total claim
4.21				\$546.00
Midameri	ica/milestone	e/a	Last 4 digits of account number 7 1 4 8	
Nonpriority C	reditor's Name		When was the debt incurred? 12/2015	
Po Box 4 Number	499 Street		As of the date you file, the claim is: Check all that apply.	
			Contingent	
			Unliquidated	
Beaverto	n	OR 97076	Disputed	
City		State ZIP Code	Type of NONPRIORITY unsecured claim:	
	red the debt?	Check one.	Student loans	
ш	1 only 2 only		Obligations arising out of a separation agreement or divorce	
ш	1 and Debtor 2	2 only	that you did not report as priority claims	
	st one of the de	btors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check	if this claim is	s for a community debt	Credit Card	
Is the clair	m subject to o	ffset?		
☑ No				
Yes				
4.22				\$675.12
Oak Harb	or Capital II,	HC	Last 4 digits of account number	Ψ013.12
	reditor's Name		When was the debt incurred?	
	stein & Riley Street	, P.S	As of the date you file, the claim is: Check all that apply.	
Number 2001 Wei	nstein Ave.,	Ste. 400	Contingent	
			Unliquidated	
Coattle		WA 98121	Disputed	
Seattle City		State ZIP Code	Type of NONPRIORITY unsecured claim:	
	red the debt?	Check one.	Student loans	
느 ~	1 only		Obligations arising out of a separation agreement or divorce	
느	r 2 only r 1 and Debtor 2	2 only	that you did not report as priority claims	
ш		btors and another	Debts to pension or profit-sharing plans, and other similar debts	
ш		s for a community debt	Other. Specify Collection Agency	
	m subject to o		Collection Agency	
✓ No	,			
Yes				
4.23				\$297.99
Portfolio	Investments	ILLC	Last 4 digits of account number	
	Creditor's Name	ement Systems Corporat	When was the debt incurred?	
Number	Street		As of the date you file, the claim is: Check all that apply.	
25 SE 2n	d Avenue Su	ite 200	Contingent	
			Unliquidated	
Miami		FL 33131	Disputed	
City	and the delete	State ZIP Code	Type of NONPRIORITY unsecured claim:	
	red the debt? 1 only	Check one.	Student loans	
	2 only		Obligations arising out of a separation agreement or divorce	
	1 and Debtor 2	2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	st one of the de	btors and another	Other. Specify	
☐ Check	if this claim is	s for a community debt	Collection Agency	
	m subject to o	ffset?		
✓ No				
☐ Yes				

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Debtor 1	Mary	Jane	DiGravio	Case number (if known)	
	First Name	Middle Name	Last Name		
Part 2:	Your NON	PRIORITY Unsecu	ıred Claims Contir	nuation Page	
After listin	-	this page, number the	em sequentially from the		Total claim
4.24					\$3,485.78
$\qquad \qquad \square$	Recovery Asso	ociates, LLC.	Last 4 digits of accou	unt number	43,463.76
	Creditor's Name		When was the debt in		
Number	Street		As of the date you fil	e, the claim is: Check all that apply.	
			Contingent Unliquidated		
			Disputed		
Norfolk City		VA 23541 State ZIP Code	Type of NONPRIORIT	TV unsecured claim:	
	rred the debt?	Check one.	Student loans	Tuniscoured claim.	
느 ~	r 1 only r 2 only			gout of a separation agreement or divorce	
	r 1 and Debtor 2 o	nly	•	port as priority claims or profit-sharing plans, and other similar debts	
	st one of the debto	ors and another	Other. Specify	or profit sharing plans, and other similar debts	
_		or a community debt	Collection Age	псу	
	m subject to offs	et?			
✓ No ☐ Yes					
4.25					\$4.400.07
	eivables Mana	rement LLC	Last 4 digits of accou	int number	\$1,106.07
Nonpriority (Creditor's Name		When was the debt in		
As Agent Number	t of Portfolio Re Street	ecovery Assocs.		e, the claim is: Check all that apply.	
POB 410			Contingent		
			Unliquidated Disputed		
Norfolk		VA 23541			
City Who incu	rred the debt?	State ZIP Code Check one.	Type of NONPRIORIT	Y unsecured claim:	
☐ Debto	r 1 only		Student loans Obligations arising	g out of a separation agreement or divorce	
=	r 2 only r 1 and Debtor 2 o	nly	that you did not re	port as priority claims	
_	st one of the debto	•	= 0.15 cm 0.5 cm. (c.	or profit-sharing plans, and other similar debts	
_	k if this claim is fo	or a community debt	Other. Specify Collection Age	ncy	
Is the clai	m subject to offs		J	•	
✓ No ☐ Yes					
Yes					
4.26					\$2,000.00
	in Advance Creditor's Name		Last 4 digits of accou		
PO Box	10		When was the debt in		
Number	Street		As of the date you fil Contingent	e, the claim is: Check all that apply.	
			Unliquidated		
Parshall		ND 58770	Disputed		
City		State ZIP Code	Type of NONPRIORIT	Y unsecured claim:	
	rred the debt? r 1 only	Check one.	Student loans	and of a constitution of the constitution of t	
Debto	r 2 only			g out of a separation agreement or divorce port as priority claims	
	r 1 and Debtor 2 o			or profit-sharing plans, and other similar debts	
_	st one of the debto	or a community debt	Other. Specify		
	m subject to offs		Loan		
✓ No					
Yes					

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Debtor 1	Mary	Jane	DiGravio	Case number (if known)	
	First Name	Middle Name	Last Name		
Part 2:	Your NON	PRIORITY Unsecu	ıred Claims Contin	uation Page	
After listing	•	this page, number the	em sequentially from the	То	tal claim
	paye.				
4.27					\$1,246.22
	rgo Bank NA		Last 4 digits of accou	int number	
, ,	Creditor's Name st Street		When was the debt in	curred?	
Number	Street		As of the date you file	e, the claim is: Check all that apply.	
			Contingent		
			Unliquidated		
Urbanda	le .	IA 50323	Disputed		
City		State ZIP Code	Type of NONPRIORIT	Y unsecured claim:	
		Check one.	Student loans		
ш	r 1 only			out of a separation agreement or divorce	
	r 2 only r 1 and Debtor 2 o	nlv	that you did not re	port as priority claims	
_	st one of the debto	•		or profit-sharing plans, and other similar debts	
ш		or a community debt	Other. Specify Credit Card		
ш	m subject to offse	•	Credit Card		
✓ No	in subject to onse	5L !			
☐ Yes					
4.28					\$6,662.00
Wf Fin B			Last 4 digits of accou	nt number <u>5 0 9 5</u>	
	Creditor's Name 1: Bankruptcy		When was the debt in	curred? 10/2007	
Number	Street		As of the date you file	e, the claim is: Check all that apply.	
PO Box 1	10438		Contingent		
			Unliquidated		
Des Moir	nes	IA 50306	─ Disputed		
City		State ZIP Code	Type of NONPRIORIT	Y unsecured claim:	
		Check one.	☐ Student loans		
	r 1 only		Obligations arising	out of a separation agreement or divorce	
	r 2 only r 1 and Debtor 2 o	nlv	•	port as priority claims	
	st one of the debto	•		or profit-sharing plans, and other similar debts	
ш		or a community debt	Other. Specify		
_	m subject to offse	•	Credit Card		
✓ No	iii subject to onst	5L:			
☐ Yes					

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Debtor 1	Mary	J	ane	DiGravio	(Case numl	ber (if known)
	First Name	N	liddle Name	Last Name	_		· · · · · ·
Part 3:	List Others	s to B	Notified Ab	out a Debt Tha	at You Already	Listed	
For e credit debts	xample, if a collector in Parts 1 or 2	ction ag , then I n Parts	gency is trying ist the collectio 1 or 2, list the a	to collect from you in agency here. Sindditional creditors	u for a debt you o milarly, if you ha	we to sor ve more t	nt you already listed in Parts 1 or 2. meone else, list the original han one creditor for any of the additional parties to be notified for
Citimortg	gage Inc			On which er	ntry in Part 1 or P	art 2 did y	you list the original creditor?
Name Attn: Bar	nkruptcv			Line	of (Check one):	☐ Part	1: Creditors with Priority Unsecured Claims
Number Street PO Box 6423				_	_	2: Creditors with Nonpriority Unsecured Clair	
Ciauw Fal	lle.	CD.	E7447	Last 4 digits	of account num	ber <u>7</u>	5 7 8
Sioux Fal	IIS	State	57117 ZIP Code	<u> </u>			
Citimorto	gage Inc			On which er	ntry in Part 1 or P	art 2 did y	you list the original creditor?
Name Attn: Bar	nkruptcv			Line	of (Check one):	☐ Part	1: Creditors with Priority Unsecured Claims
Number PO Box 6	Street			<u> </u>	-	☐ Part	2: Creditors with Nonpriority Unsecured Clair
Sioux Fa	lls	SD	57117	—— Last 4 digits	of account num	ber <u>2</u>	0 8 6
City		State	ZIP Code				

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Debtor 1	Mary	Jane	DiGravio	Case number (if known)
	First Name	Middle Name	Last Name	· · · · · · · · · · · · · · · · · · ·

Part 4: Add the Amounts for Each Type of Unsecured Claim

Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only.
 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

			Total claim		
Total claims from Part 1	6a.	Domestic support obligations	6a.	\$0.00	
	6b.	Taxes and certain other debts you owe the government	6b.	\$2,000.00	
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$0.00	
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d. -	\$0.00	
	6e.	Total. Add lines 6a through 6d.	6d.	\$2,000.00	
Total claims from Part 2		Student loans		Total claim	
	6f.			\$0.00	
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims		\$0.00	
	6h.	Debts to pension or profit-sharing plans, and other similar debts		\$0.00	
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	^{6i.} -	\$45,183.87	
	6j.	Total. Add lines 6f through 6i.	6j.	\$45,183.87	

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Fill in this information to identify your case:									
Debtor 1	Mary First Name	Jane Middle Name	DiGravio Last Name						
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name						
United States Bankruptcy Court for the: EASTERN DIST. OF PENNSYLVANIA									
Case number (if known)					Check if this is an amended filing				

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

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Filli	in this inf	ormation to i	dentify your case	:		
Debto	or 1	Mary First Name	Jane Middle Name	DiGravio Last Name	_	
Debto (Spot	or 2 use, if filing)	First Name	Middle Name	Last Name	_	
	-		r the: EASTERN DIS	T. OF PENNSYLVANIA	_	
Case (if kno	number own)				Check if this is an amended filing	
	ial Form		ab tana			4.5
Sche	eaule H	: Your Cod	ebtors			12/
two maneded page.	arried peop d, copy the On the top o you have	le are filing toge Additional Page	ther, both are equally , fill it out, and numbe al Pages, write your n	responsible for supplying r the entries in the boxes of	Be as complete and accurate as possible. If correct information. If more space is on the left. Attach the Additional Page to this nown). Answer every question. Ouse as a codebtor.)	
	ithin the la				ory? (Community property states and territories Texas, Washington, and Wisconsin.)	
<u>~</u>		d your spouse, fo	mer spouse, or legal e	quivalent live with you at the	time?	
3. In	Column 1,	list all of your c	odebtors. Do not incl	ude your spouse as a code	ebtor if your spouse is filing with you. List the	

person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on *Schedule D* (Official Form 106D), *Schedule E/F* (Official Form 106E/F), or *Schedule G* (Official Form 106G). Use

Column 1: Your codebtor

Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

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j	ill in this inform	nation to ident	ify your case:						
	Debtor 1	Mary	Jane	DiGravio					
		First Name	Middle Name	Last Name			Che	eck if this is:	
	Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name			— —	An amended filing	
	United States Bankr	ruptcy Court for the	EASTERN D	IST. OF PENNSY	LVA	NIA	🗖	A supplement showing postpetition chapter 13 income as of the following date:	
	Case number (if known)				_			MM / DD / YYYY	
0	fficial Form 10)6I						,,	
S	chedule I: Yo	ur Income						12/15	
inc ab yo	clude information at out your spouse. If ur name and case n	oout your spouse more space is ne	If you are separ eded, attach a se . Answer every o	ated and your spo eparate sheet to th	use	is not f	iling with y	spouse is living with you, you, do not include information any additional pages, write	
1.	Fill in your emplo information.	yment		Debtor 1				Debtor 2 or non-filing spouse	
	If you have more than one job, attach a separate pag with information about	rate page Emp	e page Employment status		ed			☐ Employed ☐ Not employed	
	additional employe	ers. Occi	ıpation	Executive Ass	istaı	nt			
	Include part-time, or self-employed v	·	loyer's name	РМНСС				_	
	Occupation may in student or homem applies.	p	loyer's address	Number Street				Number Street	
				Philadelphia		PA	19123		
				City		State	Zip Code	City State Zip Code	
		How	long employed ti	here? <u>14 Yea</u> ı	s		_		
	Part 2: Give D	etails About N	Ionthly Incom	e					
					ing to	report	for any line	e, write \$0 in the space. Include your	
	n-filing spouse unles ou or your non-filing			er, combine the info	ormat	tion for	all employe	ers for that person on the lines below. If	
you	u need more space, a	attach a separate s	sheet to this form.						
						For D	ebtor 1	For Debtor 2 or non-filing spouse	
2.	List monthly gros payroll deductions would be.				2.		\$3,823.00		
3.	Estimate and list	monthly overtime	pay.		3.	+	\$0.00	. <u>———</u>	
4	Calculate gross is	ncome Add line	2 + line 3		1		23 833 00		

Official Form 106l Schedule I: Your Income page 1

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Debt	or 1	Mary	Jane	DiGravio		Case nu	mber (if known)		
		First Name	Middle Name	Last Name	F	or Debtor 1	For Debtor 2 non-filing sp		
	Cop	v line 4 here .			4.	\$3,823.00			
5.		all payroll de		-	•				
			e, and Social Security de	eductions	5a.	\$1,040.00			
			ontributions for retireme		5b.	\$400.00			
		•	ntributions for retiremen	•	5c.	\$0.00			
		-	payments of retirement fu	•	5d.	\$106.00			
	5e.	Insurance			5e.	\$254.00			
	5f.	Domestic su	pport obligations		5f.	\$0.00			
	5g.	Union dues			5g.	\$0.00			
	5h.	Other deduc	tions.						
		Specify:			5h. +	\$0.00			
6.		I the payroll d - 5h.	eductions. Add lines 5a	a + 5b + 5c + 5d + 5e + 5f +	6.	\$1,800.00			
7.	Cald	culate total me	onthly take-home pay.	Subtract line 6 from line 4.	7.	\$2,023.00			
8.	List	all other inco	me regularly received:						
	8a.		rom rental property and ofession, or farm	from operating a	8a.	\$0.00			
		gross receipts	ement for each property an s, ordinary and necessary thly net income.	· ·					
	8b.	Interest and	dividends		8b.	\$0.00			
	8c.		ort payments that you, a egularly receive	non-filing spouse, or a	8c.	\$0.00		_	
			ny, spousal support, child ment, and property settlen						
	8d.	Unemployme	ent compensation		8d.	\$0.00			
		Social Secur	•		8e.	\$0.00	•		
	8f.	Other govern	nment assistance that yo	u regularly receive	•	*	-		
		cash assistar	assistance and the value (nce that you receive, such er the Supplemental Nutrit hsidies	as food stamps					
		•	l Net Income		8f.	\$2,052.00			
	8g.		etirement income		- 8g.	\$1,654.00			
	•	Other month			og.	\$1,034.00			
	011.		timated Prorated IRS F	Refund	8h. 🛖	\$126.00			
								_	
9.	Add	l all other inco	ome. Add lines 8a + 8b +	8c + 8d + 8e + 8f + 8g + 8h.	9.	\$3,832.00			
10.			y income. Add line 7 + lind line 10 for Debtor 1 and De	ne 9. ebtor 2 or non-filing spouse.	10.	\$5,855.00	+]=	\$5,855.00
11.	Inclu		ns from an unmarried part	expenses that you list in S ner, members of your househ			ur roommates, a	nd other	
	Do r	not include any	amounts already included	d in lines 2-10 or amounts tha	t are not	available to pay	expenses listed	in Scher	dule J.
			amount anoual moraco		it are riot	available to pay	experiede noted		
	Spe	cify:						11. +	\$0.00
12.	Add	I the amount i	n the last column of line	10 to the amount in line 11.	The res	sult is the combine	ed monthly	12.	\$5,855.00
	inco	me. Write that		of Your Assets and Liabilities					
	if it a	applies.							Combined monthly income
13	Dον	vou expect an	increase or decrease wi	thin the year after you file t	his form	1?			
	₩ ₩	No.	None.	and you me t					
		Yes. Explain:							
			1						

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F	ill in this inforn	nation to iden	tify your case:			Ch	ok if 4h:-	vie	
	Debtor 1	Mary First Name	Jane Middle Name	DiGra Last Na		- Cne	A supp	ended filing lement showing	
	Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Na	ame	-		r 13 expenses a ng date:	s of the
	United States Bank	ruptcy Court for th	ne: EASTERN DIST	. OF PEN	NSYLVANIA		MM / D	D / YYYY	<u> </u>
	Case number (if known)						IVIIVI 7 D	<i>D</i> /1111	
Of	ficial Form 10)6J							
Sc	chedule J: Yo	our Expens	es						12/15
cor	rect information. I	If more space is	ible. If two married pe needed, attach anothe nswer every question. sehold	er sheet to					
1.	Is this a joint cas	se?							
2.	☐ No☐ Ye Do you have dep	Debtor 2 live in a s. Debtor 2 must endents?	separate household? file Official Form 106J- No Yes. Fill out this inf	2, Expense	Dependent's rela	tionshi		Dependent's	Does dependent
	Do not list Debtor 1 and Debtor 2.		for each dependent					age	live with you?
	Do not state the d	ependents'			Brother			71	□ No - ☑ Yes □ No - □ Yes
									No Yes
									No Yes
									□ No - □ Yes
3.	Do your expense expenses of peo yourself and you	ple other than	✓ No ☐ Yes						_
E	art 2: Estim	ate Your Ong	oing Monthly Exp	enses					
Est to i	imate your expens	ses as of your ba	nkruptcy filing date u he bankruptcy is filed	nless you a	-			•	
	•		ash government assis on Schedule I: Your Ir	-				Your expens	ses
4.		•	penses for your resid d any rent for the grour					4	\$1,095.00
	If not included in	line 4:							
	4a. Real estate t	axes						4a	
	4b. Property, hor	meowner's, or ren	ter's insurance					4b	\$90.00
	4c. Home mainte	enance, repair, an	d upkeep expenses					4c	\$300.00
	4d. Homeowner's	s association or c	ondominium dues					4d.	

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Debtor 1 Mary Jane DiGravio Case number (if known) Last Name Middle Name First Name Your expenses Additional mortgage payments for your residence, such as home equity loans 5. **Utilities:** 6a. Electricity, heat, natural gas 6a. \$423.00 6b. Water, sewer, garbage collection 6b. \$92.00 6c. Telephone, cell phone, Internet, satellite, and 6c. \$525.00 cable services 6d. 6d. Other. Specify: Food and housekeeping supplies 7. \$850.00 Childcare and children's education costs 8. Clothing, laundry, and dry cleaning 9. \$300.00 10. Personal care products and services 10. \$90.00 11. Medical and dental expenses 11. \$250.00 12. Transportation. Include gas, maintenance, bus or train 12. \$150.00 fare. Do not include car payments. 13. Entertainment, clubs, recreation, newspapers, 13. \$100.00 magazines, and books 14. Charitable contributions and religious donations \$125.00 14. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15a. \$142.00 15b. Health insurance 15b. \$60.00 15c. Vehicle insurance 15c. 15d. Other insurance. Specify: Brothers Vehicle Insurance 15d. \$188.00 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17a. 17b. Car payments for Vehicle 2 17b. 17c. Other. Specify: _ 17c. 17d. Other. Specify: 17d. 18. Your payments of alimony, maintenance, and support that you did not report as 18. deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 19. Other payments you make to support others who do not live with you. Specify: 19.

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Deb	tor 1	Mary	Jane	DiGravio	Case number (if know	n)
		First Name	Middle Name	Last Name		
20.		er real property ex edule I: Your Inco		lines 4 or 5 of this form or	on	
	20a.	Mortgages on ot	her property		20a.	
	20b.	Real estate taxe	s		20b.	
	20c.	Property, homeo	owner's, or renter's insura	nce	20c.	
	20d.	Maintenance, re	pair, and upkeep expense	es	20d.	
	20e.	Homeowner's as	sociation or condominiun	n dues	20e.	
21.	Othe	er. Specify: See	continuation sheet		21.	+\$575.00
22.	Calc	ulate your month	ly expenses.			
	22a.	Add lines 4 throu	ıgh 21.		22a.	\$5,355.00
	22b.	Copy line 22 (mo	onthly expenses for Debto	or 2), if any, from Official Forr	m 106J-2. 22b.	
	22c.	Add line 22a and	d 22b. The result is your	monthly expenses.	22c.	\$5,355.00
23.	Calc	ulate your month	ly net income.		•	
	23a.	Copy line 12 (yo	ur combined monthly inco	ome) from Schedule I.	23a.	\$5,855.00
	23b.	Copy your month	nly expenses from line 22	c above.	23b. -	\$5,355.00
	23c.		onthly expenses from you or monthly net income.	r monthly income.	23c.	\$500.00
24.	Do y	ou expect an incr	ease or decrease in you	ur expenses within the year	after you file this form?	
	payn			our car loan within the year on odification to the terms of you	or do you expect your mortgage our mortgage?	
		Yes. Explain here None.	t.			

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Debt	or 1 Mary First Name	Jane Middle Name	DiGravio Last Name	Case number (if know	n)
21.	Other. Specify:				
	Accounting Fees				\$25.00
	Newspapers, Perio	dicals, Books			\$44.00
	Postage				\$8.00
	Housekeeping Ser	vice & Supplies			\$76.00
	Security System				\$24.00
	Pet Care				\$28.00
	Veterinary Expense	es			\$9.00
	Security System				\$46.00
	Brother's vehicle u	sed for work			\$315.00
				Total:	\$575.00

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Fill in this information to identify your case:						
Debtor 1	Mary	Jane	DiGravio			
	First Name	Middle Name	Last Name			
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bankruptcy Court for the: EASTERN DIST. OF PENNSYLVANIA						
Case number						
(if known)						

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

Р	art 1: Summarize Your Assets	
		Your assets Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	
	1a. Copy line 55, Total real estate, from Schedule A/B	\$127,205.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$7,475.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$134,680.00
P	art 2: Summarize Your Liabilities	
		Your liabilities Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$190,406.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$2,000.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+\$45,183.87
	Your total liabilities	\$237,589.87
P	art 3: Summarize Your Income and Expenses	
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$5,855.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$5,355.00

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Debt	or 1	Mary	Jane	DiGravio	Case number (if known)		
		First Name	Middle Name	Last Name			
Pa	rt 4:	Answer The	ese Questions for	Administrative a	nd Statistical Records		
6.	Are yo	u filing for bankr	uptcy under Chapters	57, 11, or 13?			
	No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. Yes						
7.	What k	ind of debt do yo	u have?				
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.						
	_		primarily consumer of twith your other scheo		ng to report on this part of the form. Check	this box and submit	
			,	Income: Copy your to Line 11; OR , Form 122	otal current monthly income from C-1 Line 14.	\$5,476.00	
9.	Copy t	ne following spec	cial categories of clai	ms from Part 4, line 6	of Schedule E/F:		

Total claim

From Part 4 on Schedule E/F, copy the following:						
9a. Domestic support obligations. (Copy line 6a.)	\$0.00					
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$2,000.00					
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0.00					
9d. Student loans. (Copy line 6f.)	\$0.00					
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$0.00					
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$0.00					
9g. Total. Add lines 9a through 9f.	\$2,000.00					

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Fill in this info	ormation to i	dentify your case	:
Debtor 1	Mary	Jane	DiGravio
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bar	nkruptcy Court fo	or the: EASTERN DIS	T. OF PENNSYLVANIA
Case number			

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who is	NOT an attorney to help you fill out bankruptcy forms?
☑ No	
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
Under penalty of perjury, I declare that I have true and correct.	read the summary and schedules filed with this declaration and that they are
W	
X /s/ Mary Jane DiGravio Mary Jane DiGravio, Debtor 1	X Signature of Debtor 2
Date <u>07/26/2016</u> MM / DD / YYYY	Date

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Fill in this inf	ormation to	identify your case	:		
Debtor 1	Mary	Jane	DiGravio		
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States Ba	nkruptcy Court fo	or the: EASTERN DIS	T. OF PENNSYLVANIA	<u> </u>	
Case number					
(if known)				Check if this is an amended filing	
Official Form	107				
		l Affaira far Ind	ividuala Eilina fa	w Bankwintov	04/16
Statement o	i Financia	Allairs for ind	ividuals Filing fo	о ванкгирісу	04/10
Part 1: Giv	ve Details Ab	out Your Marital S	Status and Where Yo	u Lived Before	
1. What is your ☐ Married ☐ Not marrie	current marital	status?			
ت ا		you lived anywhere o	other than where you live	now?	
z. During the la	si 3 years, nave	you lived allywhere c	uller tilali wilere you live	now:	
	all of the places	you lived in the last 3 y	ears. Do not include when	e you live now.	
(Community p		•	• .	n a community property state or territory? ouisiana, Nevada, New Mexico, Puerto Rico, Texas,	
☑ No					
☐ Yes. Mak	e sure you fill ou	ıt Schedule H: Your Co	debtors (Official Form 106	H).	

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Deb	otor 1	Mary First Name	Jane Middle Name	DiGravio Last Name	Case nur	mber (if known)	
P	art 2:		Sources of Y				
4.	Did you Fill in th If you a	u have any incon ne total amount of ire filing a joint ca	ne from employn income you rece se and you have	nent or from operating a bu ived from all jobs and all bus income that you receive toge	inesses, including par	t-time activities.	endar years?
	✓ Yes	s. Fill in the detai	ls.				
				Debtor 1		Debtor 2	
				Sources of income Check all that apply.	Gross income (before deductions and exclusions	Sources of income Check all that apply.	Gross income (before deductions and exclusions
		ary 1 of the curre u filed for bankru	-	✓ Wages, commissions, bonuses, tips	\$24,850.00	Wages, commissions, bonuses, tips	
	•			Operating a business		Operating a business	
For	the last	calendar year:		Wages, commissions, bonuses, tips	\$44,829.00	Wages, commissions, bonuses, tips	
(Jar	nuary 1 to	o December 31, _	2015)	Operating a business		Operating a business	
		endar year before		✓ Wages, commissions, bonuses, tips	\$48,368.00	Wages, commissions, bonuses, tips	
(Jar	nuary 1 to	December 31, _	<u>2014</u>)	Operating a business		Operating a business	
5.	Include unempl and gar Debtor	income regardles loyment; and othe mbling and lottery 1.	ss of whether that er public benefit pa winnings. If you	g this year or the two previ income is taxable. Example ayments; pensions; rental inc are in a joint case and you have m each source separately. I	es of other income are come; interest; dividen- ave income that you re	ds; money collected from law eceived together, list it only o	wsuits; royalties;
	☐ No ✓ Yes	s. Fill in the detai	ls.				
				Debtor 1		Debtor 2	
				Sources of income Describe below.	Gross income from each source (before deductions and exclusions	Sources of income Describe below.	Gross income from each source (before deductions and exclusions
		ary 1 of the curre u filed for bankru		SSI Pension	\$13,338.00 \$10,751.00		
-	,						
For	the last	calendar year:		SSI	\$24,635.00		
(Jar	nuary 1 to	December 31,	<u>2015</u>)	Gambling Pension	\$1,254.00 \$31,741.00		
For	the cale	endar year before	e that:	SSI	\$23,891.00		
(Jar	nuary 1 to	December 31, \overline{Y}	<u>2014</u>)	Pension	\$30,888.00		

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Deb	otor 1	Mary First Name	Jane Middle Name	DiGravio Last Name	Case number (if known)		
Р	art 3:	List Certa	in Payments You	Made Before You F	Filed for Bankruptcy		
6.	Are eith			rimarily consumer debt			
	□ No.	Neither Deb	otor 1 nor Debtor 2 ha	·	lebts. Consumer debts are defined in	11 U.S.C. § 101(8) as	
		During the 9	0 days before you filed	d for bankruptcy, did you	pay any creditor a total of \$6,425* or n	nore?	
		☐ No. Go	to line 7.				
		tota	al amount you paid tha	t creditor. Do not include	of \$6,425* or more in one or more payre payments for domestic support obliga ayments to an attorney for this bankrup	ations, such as	
		* Subject to	adjustment on 4/01/19	and every 3 years after	that for cases filed on or after the date	of adjustment.	
	√ Yes	. Debtor 1 or	Debtor 2 or both hav	e primarily consumer d	ebts.		
	_	During the 9	0 days before you filed	d for bankruptcy, did you	pay any creditor a total of \$600 or mor	e?	
		₩ No. Go	to line 7.				
		cre	ditor. Do not include p		of \$600 or more and the total amount y upport obligations, such as child support bankruptcy case.		
7.	Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations such as child support and alimony.						
	✓ No ☐ Yes	. List all payme	ents to an insider.				
8.	benefite	ed an insider?	·		ayments or transfer any property on	account of a debt that	
		payments on d	ebts guaranteed or cos	signed by an insider.			
	✓ No ☐ Yes	. List all paymo	ents that benefited an i	insider.			
Р	art 4:	Identify Le	egal Actions, Rep	ossessions, and Fo	oreclosures		
9.	List all s		cluding personal injury	• • • •	any lawsuit, court action, or administons, divorces, collection suits, paternit	. •	
	□ No ☑ Yes	. Fill in the det	ails.				
-	se title		Nature of		Court or agency	Status of the case	
Ch	ase Ban	k v. Debtor	Civil Act	ion	Philadelphia MC Court Name	Pending	
					Number Street	On appeal	
Cas	se numbe	100416471	9		Number Street	Concluded	
					City State	zIP Code	

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Deb	otor 1	Mary First Name		Jane Middle Name	DiGravio Last Name	Case number (if k	nown)	
10.	seized,	1 year before, or levied?	•		otcy, was any of your prop	perty repossessed, foreclosed	d, garnished, attach	ed,
	_	. Go to line s. Fill in the		ion below.				
11.		-	-		uptcy, did any creditor, inc make a payment because	cluding a bank or financial in	stitution, set off any	,
	✓ No	s. Fill in the	details.					
12.					otcy, was any of your prop ustodian, or another offici	perty in the possession of an al?	assignee for the be	nefit of
	✓ No ☐ Yes							
Р	art 5:	List Ce	rtain G	ifts and Cor	tributions			
13.	Within	2 years befo	ore you	filed for bankru	ıptcy, did you give any gif	ts with a total value of more t	han \$600 per perso	n?
	✓ No ☐ Yes	s. Fill in the	details fo	or each gift.				
14.		2 years before the contract 2 years	ore you	filed for bankru	ıptcy, did you give any gif	ts or contributions with a tota	al value of more tha	n \$600
	✓ No ☐ Yes		details fo	or each gift or co	ontribution.			
P	art 6:	List Ce	rtain L	osses				
15.		1 year befo	-	-	otcy or since you filed for	bankruptcy, did you lose any	thing because of th	eft, fire,
	✓ No ☐ Yes	s. Fill in the	details.					
Ρ	art 7:	List Ce	rtain P	ayments or	Transfers			
16.	anyone	you consu	Ited abo	out seeking ban	kruptcy or preparing a ba			•
			ys, banki	ruptcy petition p	reparers, or credit counsellr	ng agencies for services require	ed for your bankrupto	cy.
	☐ No ☑ Yes	s. Fill in the	details.					
	CHAEL son Who V	-			retainer	any property transferred	Date payment or transfer was made	Amount of payment
		1500 Walnı reet	ut Stree	et			7/26/16	\$500.00
phi City	ladelph	iia	pa State	19102 ZIP Code				
Ema	ail or websi	ite address						
Doro	on Mha N	lade the Paym	ant if Nat	Vou				

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Deb		Mary First Name	Jane Middle Name	DiGravio Last Name	Case number (if known)			
17.	Within 1	year before you f who promised to	iled for bankruptcy	r, did you or anyone e your creditors or to m	Ise acting on your behalf pay or transfer any property to ake payments to your creditors?			
	✓ No ☐ Yes.	Fill in the details.						
18.			-	ey, did you sell, trade, of your business or fir	or otherwise transfer any property to anyone, other than nancial affairs?			
	Include both outright transfers and transfers made as security (such as granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.							
	✓ No ☐ Yes.	Fill in the details.						
19.		-	-	tcy, did you transfer a led asset-protection de	ny property to a self-settled trust or similar device of which vices.)			
	✓ No ☐ Yes.	Fill in the details.						
Pa	art 8:	List Certain F	inancial Accou	nts, Instruments,	Safe Deposit Boxes, and Storage Units			
20.			iled for bankruptcy ed, or transferred?	•	ccounts or instruments held in your name, or for your			
			•	her financial accounts; ons, and other financia	certificates of deposit; shares in banks, credit unions, brokerage linstitutions.			
	✓ No ☐ Yes.	Fill in the details.						
21.	-	now have, or did y rities, cash, or otl	-	ear before you filed fo	or bankruptcy, any safe deposit box or other depository			
	_	No Yes. Fill in the details.						
22.	Have yo ✓ No	u stored property	in a storage unit o	r place other than you	r home within 1 year before you filed for bankruptcy?			
		Fill in the details.						
Pa	art 9:	Identify Prop	erty You Hold o	r Control for Som	eone Else			
23.	-	hold or control an in trust for someo		neone else owns? Ind	clude any property you borrowed from, are storing for,			
	✓ No ☐ Yes.	Fill in the details.						

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		Mami	lawa.	DiCrossia		
Debt	tor 1	Mary First Name	Jane Middle Name	DiGravio Last Name	Case number (if known)	
Pa	art 10:	Give Deta	ails About Enviror	nmental Information		
For 1	the purp	ose of Part 1	0, the following defini	tions apply:		
h	azardou	ıs or toxic su	bstance, wastes, or m	aterial into the air, land, so	tion concerning pollution, contamination, releases of il, surface water, groundwater, or other medium, tances, wastes, or material.	
		-		y as defined under any env t, including disposal sites.	ironmental law, whether you now own, operate, or	
				ironmental law defines as a	a hazardous waste, hazardous substance, toxic	
Rep	ort all ne	otices, releas	es, and proceedings t	hat you know about, regard	dless of when they occurred.	
24.	Has any law?	y government	al unit notified you th	at you may be liable or pote	entially liable under or in violation of an environmental	
	✓ No ☐ Yes	s. Fill in the de	etails.			
25.	☑ No	ou notified ans. Fill in the de		of any release of hazardous	material?	
26.	Have you	•	ty in any judicial or ac	dministrative proceeding ur	nder any environmental law? Include settlements and	
	✓ No ☐ Yes	s. Fill in the de	etails.			
Pa	art 11:	Give Deta	ails About Your B	usiness or Connectior	ns to Any Business	
27.	Within d	-	e you filed for bankrup	otcy, did you own a busine	ss or have any of the following connections to any	
		A member of A partner in An officer, di	f a limited liability comp a partnership rector, or managing ex	n a trade, profession, or othe any (LLC) or limited liability p ecutive of a corporation g or equity securities of a co		
	ب		above applies. Go to P at apply above and fill i	art 12. in the details below for each	business.	
28.		-	e you filed for bankrup ons, creditors, or othe		al statement to anyone about your business? Include	
	□ No □ Yes	s. Fill in the de	etails below.			

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Debtor 1	Mary First Name	Jane Middle Name	DiGravio Last Name	Case number (if known)
Part 12	Sign Belov	N		
that answ property b	ers are true and only fraud in conne	correct. I understand t	hat making a false state	achments, and I declare under penalty of perjury ment, concealing property, or obtaining money or s up to \$250,000, or imprisonment for up to 20 years,
X /s/ Ma	ry Jane DiGravi	io	X	
Mary Ja	ane DiGravio, Deb	tor 1	Signature of Debt	or 2
Date	07/26/2016		Date	
Did you at	tach additional p	ages to Your Statemer	nt of Financial Affairs for	Individuals Filing for Bankruptcy (Official Form 107)?
✓ No ☐ Yes				
Did you pa	ay or agree to pay	y someone who is not	an attorney to help you	fill out bankruptcy forms?
√ No				
_	Name of person _			Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

- You are an individual filing for bankruptcy, and
- Your debts are primarily consumer debts.
 Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 -- Liqudation
- Chapter 11 -- Reorganization
- Chapter 12 -- Voluntary repayment plan for family farmers or fishermen
- Chapter 13 -- Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

+	\$75	filing fee administrative fee trustee surcharge
	\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that the even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans:
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form--the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form-sometimes called the *Means Test*--deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If your income is more than the median income

for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

+		filing fee administrative fee
	\$1,717	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

\$200 filing fee \$75 administrative fee \$275 total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

\$235 filing fee \$75 administrative fee \$310 total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers.
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and local rules of the court.

For more information about the documents and their deadlines, go to:

 $\frac{\text{http://www.uscourts.gov/bkforms/bankruptcy_forms}}{\text{.html\#procedure.}}$

Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury--either orally or in writing--in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together-called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html.

In Alabama and North Carolina, go to:

 $\frac{http://www.uscourts.gov/FederalCourts/Bankruptcy/Ba$

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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B2030 (Form 2030) (12/15)

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF PENNSYLVANIA PHILADELPHIA DIVISION

In	re Mary Jane DiGravio	Case No.		
		Chapter	13	
	DISCLOSURE OF COMPENSATION OF A	ATTORNEY FOR	DEBTOR	
1.	. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that that compensation paid to me within one year before the filing of the peti services rendered or to be rendered on behalf of the debtor(s) in contem is as follows:	tion in bankruptcy, or	agreed to be paid to me, for	
	For legal services, I have agreed to accept	\$	5,000.00	
	Prior to the filing of this statement I have received		\$500.00	
	Balance Due	\$4	4,500.00	
2.	. The source of the compensation paid to me was: ☐ Debtor ☐ Other (specify)			
3.	. The source of compensation to be paid to me is:			
	☑ Debtor ☐ Other (specify)			
4.	. I have not agreed to share the above-disclosed compensation with a associates of my law firm.	any other person unle	ss they are members and	
	I have agreed to share the above-disclosed compensation with anotassociates of my law firm. A copy of the agreement, together with a compensation, is attached.			
5.	. In return for the above-disclosed fee, I have agreed to render legal servi	ce for all aspects of th	e bankruptcy case, including:	
	a. Analysis of the debtor's financial situation, and rendering advice to the bankruptcy;	e debtor in determinin	g whether to file a petition in	
	b. Preparation and filing of any petition, schedules, statements of affairs	and plan which may b	pe required;	
	c. Representation of the debtor at the meeting of creditors and confirma	ation hearing, and any	adjourned hearings thereof;	

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32030	(Form	2030)) ((12/15)	١
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6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

07/26/2016 /s/ Michael A. Cibik, Esquire

Date

Michael A. Cibik, Esquire Cibik & Cataldo, P.C. 1500 Walnut Street, Suite 900 Philadelphia, PA 19102 Bar No.

Phone: (215) 735-1060

/s/ Mary Jane DiGravio

Mary Jane DiGravio